



Office of Human Resources  
 Ithaca College  
 Peggy R Williams Center  
 953 Danby Road  
 Ithaca, NY 14850  
 (607) 274-8000

<p><b>Accommodation Request Form</b></p> <p>Return Completed Form to Employee Benefits &amp; Work/Life</p> <p>Information on this form is considered confidential and is maintained separately from the Employee's Personnel Records</p>
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Employee Name:	Employee Title:
Campus Address:	Campus Phone:
E-mail:	Alternative Phone:
Supervisor:	Supervisor's Phone:

Please identify and/or describe your disability.

Please describe in detail how your disability affects your ability to perform your work duties. If you need and accommodation to attend a particular event or to participate in a specific program, provide the date(s), location(s), and all other relevant information. (Please use additional paper as needed).

Please provide any comments you feel may be helpful in the consideration of your request including specific suggestions for accommodation and how they will enable you to perform your work duties.

Employee Signature:	Date:
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<b><u>For Office Use Only</u></b>	
DSC: _____	Supervisor Contacted: _____
Request Received: _____	Discussion Held: _____
Documentation Requested: _____	IAP/Notification Sent: _____
Documentation Received: _____	